

Living Pain Free 1/05/20 10:00 a.m.

Narrator: Are you living in pain? Is it joint pain or muscle pain? If so, stay tuned. Welcome to Living Pain Free with Dr. Marc Darrow, from the Darrow Stem Cell Institute in West Los Angeles.

This is the program that can give you effective solutions for the pain you've been living with. Dr. Darrow is a medical doctor, board certified in physical medicine and rehabilitation. He teaches about the use of Prolotherapy, PRP and stem cells. Today's program could open up a new life without pain for you. Now, here's Dr. Darrow with his co-host, Dr. Nita Vallens.

Nita: Hi, Dr. Darrow.

Dr. Darrow: Hello Nita Vallens, how are you today?

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up. How about you?

Nita: Always, always. And we do this because we want our listeners to live it up. And what we talk about on this program, Living Pain Free, is musculoskeletal pain. That's basically orthopedic pain, which includes muscle pain, joint pain, tendon pain, ligament pain, disk, back and neck pain, knee and hip pain, arthritis pain, and so much more. You might have stiff joints or dull aches and you don't know where that's emanating from, and if you call the program during the next hour, you can talk directly to Dr. Darrow, and maybe you can find out what's going on.

Our number here at the station is 866-870-5752, that's 866-870-5752. And when you call the program today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate, Don't Operate. And it actually has 264 scientific studies. The foreword was written by Suzanne Somers, and she wrote a book and put you in her book too.

Dr. Darrow: Yeah, that was called A New Way To Age, and I think -- let me see, I've got it right in front of me, Chapter -- it's page 302, there's about 15- or 20-page chapter that she wrote about regenerative medicine, platelets and stem cells and about what I do to heal people. So, thank you Suzanne Somers. God bless you. She is an amazing person. She is one of the leaders in what is considered to be alternative medicine, safe medicine. How to do things conservatively without invasive surgeries. So, God bless you, Suzanne Somers.

Nita: Absolutely. And if you're curious about what this is all about, you can check out Dr. Darrow's website at www.lastemcells.com. You can email him off of every page on the site, and watch the doctor performing the treatments on videos. That site again is www.lastemcells.com.

And we are here Saturdays at 10:00 a.m. and again at 1:00 p.m. How about that?

Dr. Darrow: I love it.

Nita: All right. Do you have a question you want to talk about, or a topic?

Dr. Darrow: Oh yeah. I have plenty of questions, as you folks who know me, my patients and others who have been listening to the show. If you go to www.lastemcells.com every page has a spot to email me. So, I get emails all day, and all night. And this first one just came in, and it's really interesting, because I know a lot of you come in to see me with mainly knee pain, let's say, or shoulder pain, or hip pain sometimes. And doctors often give hyaluronic acid injections to quell the pain. But it doesn't work too well for most people. It's a pretty expensive type of thing. And I know a lot of you have had that done. So, it's an injection with a lubricant, hyaluronic acid. And this person writes would it be best to try HA, that's hyaluronic acid, things like Synvisc, Hyalgan, other medications that come in injection form, and PRP before trying bone marrow stem cells? Does it have to be from bone marrow? Or would donated stem cells work as well?

So, this is a great question that came in, because it has just a lot of information for me to explain to you. So, first of all, hyaluronic acid is already in the knee. And there are synovial cells around the joints that produce hyaluronic acid. So, we already have some. So, why we want to inject more? A lot of times people come in with a very big effusion, which means there is a lot of fluid in the joint. And that effusion, that joint fluid is hyaluronic acid. So, why would you put in more. It's already causing pain. It doesn't make sense to me.

So, what I do, is I use an ultrasound to look inside the joint, and I aspirate out the hyaluronic acid, and throw it away. So, does that make sense that doctors would want to put more in? Not to me. In the early part of my practice, I used to inject it, and I didn't really get very good results with it. It also can cause a very big inflammatory response in which you have to get what's called an I and D, an incision and drainage, because of the inflammation.

A lot of time people who don't use an ultrasound, doctors who don't use it will inject this HA, or hyaluronic acid into an area they think

is the joint, but studies show when they do injections without the ultrasound guidance, they're not even getting into the joint. And then a surgeon has to come and clean out the area with the inflammation. It looks like an infection, but it's not.

So, I'm against it. If you are having good results with it, God bless you, go ahead and do it. But most people that come in to see me, who have it done will say either it did nothing, or it worked for six months or so, and then it didn't work anymore. And then the second part of this question, would they try hyaluronic acid and PRP together. I don't know why you'd want to do that, just use the PRP alone, before trying bone marrow stem cells.

No, bone marrow is an excellent source of getting PRP, there's blood in the bone marrow, so the platelets are in the bone marrow, and the stem cells are there too. It's a very quick procedure. I numb up the back of the pelvis, right above the buttocks, and then we wait for a couple minutes and then we put a needle into the bone, and then aspirate out some bone marrow. We don't need much, and then we can inject it wherever we want to.

So, that's a quick procedure. It typically, after the area is numb takes me about 15 seconds to do the whole thing. So, there's a lot of way to skin the cat, meaning to grow tissue, and bone marrow and platelets together are the best of that as I know of today. By tomorrow, if there's a new one, I'll be trying it out. Can there be other ways of finding stem cells? Yes. It can be achieved by using fat. I don't do that, because patients don't like it, it's kind of an invasive procedure. I did it in the beginning, it was the first thing I did with stem cells, but I don't do it anymore. Bone marrow is much easier.

Would donated stem cells work as well? Probably, yeah. The problem is we're not allowed to use them. We're not allowed to use, like a lot of people come and say I have stem cells saved from my baby, can I use them? Well, you probably could, but we're not really allowed to do that. So, if you want more information about the different types of stem cells, call my office, there are people waiting at the phones right now. And leave a phone number if our phones are filled. The phone number to the office is 800-300-9300, I'll repeat it, 800-300-9300.

Nita:

So, let's see who would like to talk to you, live and in person today, who's in pain. Or you might have a relative or a friend in pain, give us a call right here at the station, 866-870-5752, 866-870-5752. Today could be the day that you get out of pain. And I know we used to look at the research, you used to send it to me, Dr. Darrow, 30 to 40 percent of Americans are in chronic pain.

What does that mean really? Like pain longer than 90 days, actually?

Dr. Darrow: Well, pain is pain. It doesn't have chronicity to it. Unless you wanted to define it. Acute pain is the opposite of chronic pain. Acute is brand new. People say I have acute pain in my knee for 50 years. Well, that's not acute in terms of chronicity. What they're meaning is they have chronic pain. So, yeah, about 90 days is the average that doctors think about of acute pain, and then once it's longer than 90 days, it's considered chronic pain.

So, I'm giving out a free copy of my book, I'm showing it to the video camera right now.

Nita: Yay.

Dr. Darrow: If you want to call in right now, and that is Stem Cell and Platelet Therapy, Regenerate, Don't Operate. It is, let me see how many pages long. It's about 200 pages or so, and it has photographs of me doing these procedures. It's got research in it to show you why you should not be getting surgeries for your musculoskeletal pain. Of course, if you have a broken bone, go get to the orthopedic surgeon right away and have him fix it. But for meniscal tears in the knees, we don't need surgery. For rotator cuff tears in the shoulder, we don't need that. For labral tears in the hip or the shoulder, we don't need that, because regenerative medicine using your platelets or stem cells is a conservative way to heal those things. And people just walk in the office, get their injections and walk out.

So, I'm going to give out the phone number to the studio now. Please call me, I'd love to hear from you. It's 866-870-5752, 866-870-5752. I'd love to talk to you, but until that happens, let me go to a -- I have so many questions here. Let's go to one on the knee.

Nita: Okay.

Dr. Darrow: So, this one let's see what this says. The caption on it is knee. And the person says I'm an 80-year-old male, having knee pain for about three months. I would like to have an appointment to determine if I'm the right person for the treatment. So, typically you're the right person for the treatment if you can move your joint. I know that sounds crazy, but if you have motion in the joint, there's a very good chance that we can heal it up, and diminish the pain, or eliminate the pain using platelets from your blood, or stem cells from our bone marrow.

So, the age, 80 years old really has nothing to do with the healing rate. I know people -- chiropractors mostly, are hustling people in to get shots by their nurse, they hire a nurse or a doctor for the day they have these great big dinners, where they hustle their patients in. And then they have and it's usually to older people. And they say, bone marrow is not going to work on you, because you're old. The stem cells are old. Well, I've treated people 100 years old with bone marrow stem cells, and they've gotten better. So, I don't know where they're making this stuff up from.

So, age has nothing to do with it, I've treated youngsters, a lot of youngsters have overuse syndromes, tears and whatnot just like older people, sports injuries, and we work on them also. So, youth or age in my experience and I think I've been told I do the most of anybody on the planet. We get about 60 to 80 new patients a month. So, my experience is age has nothing to do with it. The greatest story ever was a guy who came in who was 100 years old, I did both his knees, and as he was walking out of the office room to the front desk, he looked good and I said how are you feeling? He said, I'm feeling great. I said, do you have somebody to drive you home? And he was a very tall man, and he was probably about six-five. And he looked down on me, with a scoff on his face. And he said, why, do you think I can't drive myself home? And I said, well you're 100 years old. Do you still have a driver's license? And he said, I just turned 100, and for my birthday, I bought myself a new Mercedes, and it's in the parking lot, and yes, I am going to drive myself home.

Nita: Wow.

Dr. Darrow: Yeah, so don't be stymied by thinking you're too old to heal, okay?

Nita: I like it. Our number here at the station is 866-870-5752, that's 866-870-5752. I'd love for you to call and speak to Dr. Darrow and get the free book today, Stem Cell and Platelet Therapy is the title, Regenerate, Don't Operate is the subtitle. And it literally has 264 scientific studies. So, don't miss out.

Dr. Darrow: And the studies talk about -- yeah, the studies talk about why you shouldn't do the surgery. The surgeries don't work out that well. I don't know why they are still being done, honestly. I'm the one who had a surgery on my shoulder, when I was in medical school, and it failed severely. My shoulder blew up like a balloon, and I had more pain than before the surgery, and that lasted for a few years before I learned about regenerative medicine. I injected my own shoulder, and I woke up the next morning, completely pain free with full range of motion. It doesn't work like that for everybody. So, I'm not saying it's a panacea or it's a miracle. It has been for me. I've

used it on both my knees, both my shoulders, both my elbows, my right wrist, and I've had other -- and I've self-injected by the way. And I've had other people do my neck and my back, because I can't reach back there. But Nita, we did your neck. You got better.

Nita: Absolutely. I did, two times, because I re-injured it. I'm not quite the sports fanatic that you are, but I do exercise and I used to have a trainer.

Dr. Darrow: Well, I haven't seen you in the office for -- I haven't seen you in the office for years and years. How many years ago did I inject your neck? Do you remember?

Nita: Well, the first time was about -- yeah. The first time was about 16 years ago. And then I re-injured it four years later. And both times I was better in a week, one week.

Dr. Darrow: Well, you and I heal quick. It's been pretty much the same with me. And I love it. I love doing it with my patients. And I love -- I know this sounds silly, I love injecting myself, because the results have just been phenomenal. So, it doesn't work on everybody, you've got to choose the right patient. And the failures are typically by reinjury, if you want to call that a failure, it's not really a failure, it's just the same body part can be re-injured, of course. It's not like we're turning you into the bionic man. So, it can be re-injured. And most of the failures really come from people who are over-exercising, and not giving it a chance to heal in the first place. So, I tell people please do not exercise the area for two weeks, and then come back and let me check you again.

And a lot of people won't do that. They'll go back to their sport, or whatever it is, and they'll over exercise it, and then don't heal, and then blame me for it. Well, I'm used to being blamed. A lot of people blame me. How come this wasn't the miracle that I thought it was going to be. Well, you thought wrong, and I explained it to you, that you've got to let it heal. It may take more than one treatment. It may take several treatments.

So, may I take another question here, Nita?

Nita: I'd love for you to. I'll just give the phone number quickly, it's 866-870-5752, give us a call.

Dr. Darrow: Before I get to this question, I just wanted to mention we do these same procedures on the face, called the Vampire Facelift, it's nonsurgical, and we inject platelets or stem cells into the face, and that regrows the collagen in the face, just like I'm doing it on the tendons, ligaments, and the joints. But it can be done on the face.

Within about a day people look younger, and we have men and women who do it. It's not just a female thing. It's not just something that you think to look prettier. People do it to help with their jobs, to keep themselves youthful. And it also can be done on the top of the head to stimulate new hair to be grown. And I have chapters on that in the back of my book. So, you can read about the research.

So, should I go to a hip? I will go to a hip. It says, Hi, Dr. Darrow. I was scheduled for a total hip replacement next month. But I decided to cancel the surgery, thank you, and try alternative approaches. I'm an active 60-year-old man. I can climb a mountain of steep grade, but then have onset of hip pain that is bad. X-rays show bone on bone and spurs. Three surgeons suggested total hip replacement, based only on my x-ray. I want to try PRP.

Well, this is a lot of good information. Do we ever do things based on x-rays? Maybe if it's a broken bone, sure. You can line it up and see where it needs to be fixed, put some screws or plates in there to hold it in place. But for arthritis, no. I don't use x-rays for that. I don't use MRIs for that. I examine the person. This particular person said that the decision was based on an x-ray. But this guy is climbing mountains of steep grade. Does he need a surgery? I don't think so.

The x-ray shows bone spurs. So, what, they may not even be in the way of what's causing the problem. So, I have to examine this person, move that leg around, and see what's going on with the hip, find out where the pain is being generated from. It may not even be the joint. He may be having problems on the greater trochanter. He may be having problems in other areas that have nothing to do with the hip joint.

Nita, I heard you breathe. That means I looked at the call screener here, and we have a caller named Jerry. Jerry, thank you for calling up. This is Dr. Marc Darrow, and your knee is bothering you. So, how long has it...

Jerry: I had meniscus repair about six years ago, and I still have pain afterwards. If I'm putting a lot of pressure on it, or if I twist it a little bit, I get pain.

Dr. Darrow: Okay. So, I have a meniscal tear in my right knee, and I can see it with my ultrasound, that's how I know that's what it is. I am not having pain. I'm going to go hit some golf balls later today, and probably take a run. How can that be? I injected it. I use stem cells and platelets on it. It's better. Is it still torn? There's a little bit of a

tear there, but most people as they age who are active have meniscal tears. Most of them don't have any pain. The fact that you have a meniscal tear, and you have pain, doesn't even mean it's coming from the meniscal tear. Now, you already had it repaired which means they either sutured it back together, or cut it out, and maybe did both. And then you still had pain afterwards. So, what good did that surgery do?

Jerry: Well, it helped, but it was not a complete solution. And it was a removal of some of the meniscus that was torn and floating in the joint.

Dr. Darrow: Well, my point is this, I'm not one who likes to have surgery on my body, and I see patients, new people come in all the time, almost every day, who have had a surgery that failed, or it may have worked for a while, and then the pain came back. So, why do that. Every time you have a surgery like that, you're removing good tissue.

Do you know what my grandfather, who was a doctor, used to call surgeons?

Jerry: I'm waiting.

Dr. Darrow: I don't even know if I want to say it, because I don't want to make surgeons angry. Because to be honest with you, I love surgeons. I love them.

Nita: You almost became one.

Dr. Darrow: They do the hardest work in medicine. I was on the edge, until I had my shoulder surgery of becoming a surgeon, that's correct. And after a bad surgery on me, I was like why would I want to do that to anybody else? So, I switched horses midstream. Hang with us, please, Jerry. We'll take a short break, and we'll get back to your issues here.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this information coming your way. I'm your host, Nita Vallens, and we'll be right back.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at

jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

- Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. This is where we talk about musculoskeletal pain, joint pain, back pain, neck pain, etc. And we are right now talking with Jerry in Camarillo.
- Dr. Darrow: Hey Jerry, Dr. Darrow here. Thanks so much for calling in. And from what you said before, you had a meniscal repair of your knee about six years ago, and it did some good, but it's still painful. Is it getting worse now, or is it still post-surgical pain level?
- Jerry: It pretty much stayed the same. I just have to be cautious of what I do with it.
- Dr. Darrow: Okay. Yeah.
- Jerry: If it's extra weight or...
- Dr. Darrow: What kind of activities do you do? Do you do sports?
- Jerry: Well, I'm mostly just walking. I'll be 81 in a couple months here.
- Dr. Darrow: Boy, you sound young.
- Jerry: Oh, well thank you. I'm completely out of quarters. But I should be a lot more active, but I'm a little reluctant to stress that knee and make it worse than it is.
- Dr. Darrow: Yeah, I don't blame you. So, I was talking before the break a little bit about my knee. And I've used stem cells and platelets to heal my knee. And I'm good to go. It was so painful I could do no sports at all, which for me would you know it really depresses me not to be able to work out, run, play golf and things like that. So, I had a period where I was absolutely miserable and then I injected it, and I actually, believe it or not, when it got so bad, I couldn't walk. And I drove down from the golf course where I was, when it finally stopped working let's say, it was just so painful, I limped off the golf course, and I drove down to my office, and I took out the ultrasound, which I can look inside the knee or any other part of the body with, and I saw a giant effusion, that's fluid in there. And I numbed it up, and I took out 35 ccs of hyaluronic acid, and I injected platelets and stem cells right then. And I repeated that four times that week, and my knee is good. It's really good.
- We don't generally inject people that frequently, unless they're coming from out of town, some people fly in from Europe or come

from far away, and they'll stay in LA with us. And then we will do sequential injections quickly. But the typical is about once every couple of weeks, if they need a repeat. And I did check my knee, a couple of days ago. I was injecting someone else's knee and I thought, hey, I'll just take a peek at mine, and see how it's doing. And it was all pretty much dried out inside, the hyaluronic acid was gone, and I'm just very grateful that I do you know a type of medicine that I can use on myself, when I injure myself. And I don't have any doubts about it, because of the way I work out, I will injure myself again.

And different body parts pop up all the time, and when I fix one, I'm like hey I'm all done, I'm good. And then I'll hurt something else. So, I would love to see you, you know and take a look with the ultrasound and see what that meniscus looks like and see if we can help you heal it up. There is no reason you have to have pain anymore. And as far as I'm concerned, there's no reason you have to have another surgery.

Jerry: Right, I would not like to have another surgery, no. You mentioned that you -- on yourself use a mix of the platelets and -- as well as the bone marrow, is that common? Or is it case by case, or how is that [inaudible].

Dr. Darrow: That's a case-by-case decision on what the patient wants to do with my advice.

Jerry: Well, that's very encouraging. I will be calling your office to set up an appointment.

Dr. Darrow: Thank you. The phone number to the office for everybody is -- the phone number to the office for everybody listening is 800-300-9300, and if you want to send me an email, you can go to the website, which is www.lastemcells.com that's www.lastemcells.com. There is a spot on every page where you can email me. I get back to every single person, and I would love to hear from you. I would love to hear from you now also, we've got time left on the show. I'd love to talk to you personally about your own issues, about your friends or family. And the phone number to our studio right now, where we're live and local is 866-870-5752, I'll repeat it for you to call me right now, 866-870-5752.

And Jerry, I want to thank you for calling up, and good luck with your knee healing up. You deserve to be pain free.

Nita: Absolutely. Thank you, Jerry. Again, the number here at the station is 866-870-5752, that's 866-870-5752. Check out the website at www.lastemcells.com, that's www.lastemcells.com. You

can email Dr. Darrow off of every page on the site, as well as watch him performing the treatments on videos. Lots of research there too.

And remember, when you call today, you get Dr. Darrow's latest book for free, Stem Cell and Platelet Therapy, Regenerate, Don't Operate. It has 264 scientific studies, chock full of research for those of you who like that and want to understand more about how this works.

And also, remember that we are here Saturdays at 10:00 a.m. and again at 1:00 p.m. And if you've been listening for a long time, you want to call the office and make an appointment, then that number is 800-300-9300, that's 800-300-9300.

Dr. Darrow: And we give a free copy of the book.

Nita: And we sure do.

Dr. Darrow: Give us a call.

Nita: 866-870-5752 is our number right here at the station. And we're going to go to Steve in Carpinteria.

Dr. Darrow: Steve, Dr. Marc Darrow. I understand your low back is bothering you.

Steve: Right. Right.

Dr. Darrow: And you may have nerve damage.

Steve: The issue is my lower back -- what's that?

Dr. Darrow: How long has your back bothered you?

Steve: Oh, ten years, I've been told by you know doctors to get you know the back fused, I have a couple slipped disks, and herniated disks. And I just wouldn't go through with it, because it takes you know -- it takes so long to heal, and the percentage rate is what, 50 percent of success rate. So, I didn't think it was worth the risk, but the pain level is getting so bad that you know I quit skiing four years ago. I still golf but my legs go numb for the first three holes, and then somehow I get through it.

But what I'm trying to do is find out if your system would actually work against something like that with slipped disks and you know kind of herniated disk situation.

Dr. Darrow: Well, I have to ask you some questions first, to figure out some of that. And then I might have to actually touch your back to get a more conclusive idea. But the first question is, do you have pain in your low back?

Steve: Yes.

Dr. Darrow: Okay. And the second question is, do you have pain or numbness in your legs?

Steve: Yeah, it goes -- my legs go completely numb to the point where I can't even feel my knees, and I kind of lose balance and can't -- you know it's just -- it gets really bad.

Dr. Darrow: Okay. So, I probably cannot help the numbness in your knees or legs. That does sound like it's a nerve issue, if it's in both legs, it could be some kind of a spinal stenosis, meaning the nerve roots are being squeezed. They could be squeezed by a herniated disk, or by overgrowth of the bone, arthritis. How old are you, Steve?

Steve: 60.

Dr. Darrow: 60, yeah, so that's a possibility. If it were just the back pain, I'd be more confident that I could help you, okay?

Steve: Right.

Dr. Darrow: So, I would have to examine you, and see what's really going on.

Steve: Yeah, I'd be willing to do that, you know. At this point, you just do anything you can right?

Dr. Darrow: Well, you know be skeptical about surgery. Like you said there's probably a 50/50 chance it will make you feel better. And a 50/50 chance that it could make you worse.

Steve: Yeah, exactly. Yeah, I'm not really...

Dr. Darrow: Unfortunately, I have a jaundiced eye about it, because obviously the people that come to me have had failed surgeries, not good ones, or they wouldn't be coming to me. So, I don't particularly like surgery, and as you may have heard before, I had a shoulder surgery done on my right shoulder when I was in medical school doing surgery by my boss, my professor. And it came out as a disaster.

So, I've always looked for things other than surgery. So, I'd love to see you. The phone number to the office is 800-300-9300. And there are people by the phones, you can call.

Steve: Okay.

Dr. Darrow: If you want to look at me injecting backs, you can go to the website, and see videos, and that's at www.lastemcells.com, www.lastemcells.com. And you can email me directly from that website also.

Steve: Okay, great. I'll give it a shot.

Dr. Darrow: But I think there is -- yeah, and sometimes when we get rid of the back pain, and inject the low pain, the leg pain or numbness goes away by stabilizing the back.

Steve: Yeah.

Dr. Darrow: So, I'd have to examine you. I don't work off of x-rays or MRIs. I work off of my examination. I like to have those images, so it gives me an idea of what's going on. But I don't trust them.

Steve: Okay.

Dr. Darrow: They show things that aren't real. They're overly sensitive.

Steve: Okay.

Nita: Thank you, Steve. We appreciate your call. Our number is 866-870-5752 right here at the station. And you'll get Dr. Darrow's free book as well, that's 866-870-5752. And we're going to go to Dave in Camarillo.

Dr. Darrow: Dave, I understand -- this is Dr. Marc Darrow, I understand you have lumbar issues, lower back. And how long has that been bothering you for?

Dave: Yeah, I guess we're on the same subject as the last guy. This has been going on for about three or four years.

Dr. Darrow: Okay. And have you been to a doctor, yes or no?

Dave: Have I what?

Dr. Darrow: Have you been to see a doctor already?

Dave: Oh, yeah. I've been -- I've had two surgeries.

Dr. Darrow: Oh, okay.

Dave: So, my first one -- I had to have the first one, because I had a big herniated -- you know like a nine-millimeter bulge and it kept -- it

kept -- I was a college softball coach, and so it would hit my nerve, and I'd be on the ground, for at least a week. And so, I had a microdiscectomy on my L4-5, and they took that out. And I haven't had that problem since.

Dr. Darrow: Excellent.

Dave: But I've had some leg issues, and I understand you said there's not much about the numbness in the legs, but...

Dr. Darrow: Not typically -- yeah, if it's coming from a nerve that's being impinged, then often there is nothing I can do. But I have to tell you this. I have had endless numbers of patients come in, saying they had a herniated disk, with leg pain and back pain. And I've injected the low back, and all their pain has gone away.

Dave: Yeah.

Dr. Darrow: So, I've got to examine people. There's a lot of wrong diagnoses that are going on, based on MRIs. And I don't trust MRIs. I've got to examine the patient with my hands, and touch the area...

Dave: Yeah.

Dr. Darrow: And see where the pain is coming from. There is one story of a couple that came in. And the woman had a fused SI joint. She went in for surgery and had it fused. And I touched the area, where she was having pain, and she jumped and said that hurts. And I said well that fusion didn't do you any good. I said, you need to do what I do for this. Because it's not a surgical issue. And she said the surgeon told her that if she didn't get another surgery, she would be paralyzed. Well, I worked on her, one treatment. She came back two weeks later, and all of her pain was gone. And the funny part about it was before the first treatment, I said I don't think you need the surgery. I think I can get rid of all the pain. And she said, I don't care if you get rid of all the pain, I'm still going to have that surgery, because the doctor told me I could be paralyzed.

Her husband was sitting there rolling his eyes and said, honey, did you just hear what you said? If this doctor fixes the problem, you're still going to get a surgery? And she said, yeah. When she came back and was pain free, I said, are you still getting the surgery? And she said no way. So, we have to be very careful.

Dave: Yeah.

Dr. Darrow: If you are a surgeon, listen to this, hear me out. If you are a surgeon, what do you do for a living?

Dave: Oh, absolutely. Have surgery.

Dr. Darrow: I'm not saying it's good or bad, but you know you're slanted toward doing surgeries. And to be honest, when I have someone who has something that I think might need surgery or might be healed by using platelets or stem cells that I do, I still force them to go to a surgeon. I give them a name. I give them a phone number. I say, call him right now from the office, get an appointment and get their point of view, but be careful, because unless they tell you that you have to do this, personally I wouldn't do it.

Dave: Right.

Dr. Darrow: I have cases on my body where my surgeon buddies, I have a lot of surgeon friends, they've told me you have -- Marc, you have to get a surgery. And I haven't done it. I've injected it and gotten better. So, this is not a statement against surgeons. This is a statement that too many surgeries are being done, because it's our culture. The new culture coming up is regenerative medicine using platelets and stem cells. But it's going to take a while...

Dave: Well, and that's -- and that's what I believe in that I think, myself, you know. Having had surgeries, I don't think that it's really -- I jumped the gun on you know, I had some stenosis, but I don't -- I wish I hadn't done that. I'm more concerned with the recent MRIs showing there's fluid in my facet joint in a couple of vertebrae and I'm wondering if this could maybe help stabilize the L4-5 joint. Because it's probably 70 percent pain, and the numbness in my leg is mild, it's not the problem. It's more the pain in my lower back.

Dr. Darrow: Well, if we can help the lower back, then often the leg issues go away, not always.

Dave: Yeah, yeah. Yeah, I just want to kind of see if I can do something to help with the pain, just in my -- you know my lower back, lumbar area.

Dr. Darrow: Well, then I think this is something that could possibly work for you. I would have to touch the area and see if I can elicit the pain in the area I think it is. And you can watch videos on my website, www.lastemcells.com, lastemcells.com, and the videos will give you an idea of what I do, and whether you think it's something you want to do.

Dave: Okay. Yeah, I do. I want to try this, because I've tried pretty much everything that's out there, so you know I think this -- it could really help.

Dr. Darrow: Well, God bless you man. I appreciate your call, Dave, and I hope that you would make the trip over, so I can let you know what I think is going on. I'm a little bit of a maverick in medicine, always have been. And now, it's become, and my work is becoming more mainstream. I've taught these techniques at UCLA for the last 20 years or so, and a lot of those people coming out of the residency program, and a lot of the doctors at UCLA, now are using these techniques. So, I've had a good life of medicine. I'm very happy with the work I've done. And I train doctors from all over the world, that come in, fly in to learn how to do regenerative medicine.

So, I think I can help you. I won't know for sure ever. I can't guarantee anything in medicine to anybody, but there's a good chance based on what you're telling me, that we can help you. So, God bless you, and I hope to see you soon.

Nita: Thank you for your call, Dave. Our number is 866-870-5752, and we're going to Brett in Irvine.

Dr. Darrow: Hey Brett, which tendon bothers you? This is Dr. Marc Darrow, the call screeners said you have a tendon problem.

Brett: Yeah, correct, since February. It's swollen, it's a little bit better than it was, I've had the Dr. Sol's lifts in there that help, rather than walking on a flat foot. Stretching helps, but the pain is still there.

Dr. Darrow: Are you talking about your Achilles tendon?

Brett: Correct.

Dr. Darrow: Okay. So, you know the one thing you can do with me, if you want to start a dialogue is you can email me a photograph of the back of Achilles. You lay face down and have someone take a picture of both Achilles together, and generally what happens if someone has a very severe case of Achilles tendonitis on one side, it will thicken up, and it will be twice or three times the size of the other one that doesn't have pain. And I've had good luck in healing those. I've had some that are on one side as thick as a pinkie, and on the other side are like two thumbs put together.

And personally, as a doctor, I don't inject into the tendon. I inject underneath it and allow the platelets or stem cells to move into that tendon. I don't want the Achilles tendon to rupture from needle pokes. That has happened before. And I use very, very thin needles on that area. I use a 30-gauge needle, which is the smallest needle we can inject with. So, we want to keep you safe. So, I would have to see it.

And did you happen to get an MRI to see if there was a tear in it?

Brett: I don't think there's a tear, no. I've been to a couple specialists and I can get an MRI, but I haven't. I have insurance.

Dr. Darrow: Okay. It's a good idea, you know to be on the safe side. A lot of times patients come in -- new patients come in, and they say you know I heard you on the radio, you don't like MRIs. I do like MRIs. I do like anything I can get, but it's not the end-all. And it's more of the examination that tells me what's going on. Usually, with the Achilles tendon, I can feel a little knob, you know where it's -- its inflamed. And if it's severe enough, I will get an MRI to see what's going on. It gives the -- it doesn't really help me in my treatment, but it gives the patient some -- a benchmark of where they're going and how long it may take to heal, and what the chance of rupture is.

Brett: Okay.

Dr. Darrow: So, Brett, I think there's real good hope, we can heal that up. I generally like to make orthotics for the person, it's a cast they step into a foam cast, and then I send it out to a company that makes the inserts into the shoes, and it takes the pressure off of the instep and then can help with the Achilles tendon, and bunions and things like that. It's not mandatory, but it's helpful.

Brett: Okay.

Nita: Thank you, for your call, Brett.

Dr. Darrow: God bless you, Brett. I appreciate your call.

Nita: Let's go to Levy, is it Levy or Levy in Studio City?

Levy: It's Levy.

Nita: Levy. Hi Levy.

Levy: Hi. And hi doctor.

Dr. Darrow: What's worse, Levy? Dr. Marc Darrow, what worse your knee or your low back? Get to the website, go to the website please, Levy, and you can email me from there it's www.lastemcells.com, I'll get right back to you, and God bless you, Nita Vallens and the staff at the radio show.

Nita: Thank you. Thank you, Alex.

Dr. Darrow: It was a great show.

Nita:

Thank you Suzette. Thank you. Write down this information coming your way and remember to listen to The Pet Show with our pal, Warren Eckstein from 11:00 to 1:00 every Saturday. I'm Nita Vallens, and we'll see you next time.